

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>N</i>	<i>on</i>	<i>11/26/02</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>AS</i> <i>bit</i>	<i>30865</i> <i>897</i>	<i>05-33-02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	4/8/02
2	1/12/02
3	1/11/02
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Claim	Date
51	4/8/02
52	1/12/02
53	1/11/02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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 1/18/02  
 10/26/02  
 10/27/02  
 10/28/02